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CONFIRMATION NO. 5090

<b>SERIAL NUMBER</b> 10/684,109	<b>FILING OR 371(c) DATE</b> 10/10/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1646	<b>ATTORNEY DOCKET NO.</b> 6989.US.02
<b>APPLICANTS</b> Peter J. DeVries, Des Plaines, IL; David H. Ostrow, Lake Zurich, IL; Edward B. Reilly, Libertyville, IL; Larry L. Green, San Francisco, CA; James Wieler, Beverly, MA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/418,031 10/14/2002 <i>X2 1/26/07</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>None X2 1/26/07</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/24/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>[Signature]</i> <i>X2</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 79	<b>TOTAL CLAIMS</b> 60
		<b>INDEPENDENT CLAIMS</b> 47		
<b>ADDRESS</b> 23492				
<b>TITLE</b> Erythropoietin receptor binding antibodies				
<b>FILING FEE RECEIVED</b> 5404	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	